

NOTICE OF INDEPENDENT REVIEW DECISION

June 19, 2002

Requestor

Respondent

RE: Injured Worker:

MDR Tracking #: M2-02-0718-01

IRO Certificate #: 4326

____ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ____ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

____ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a ____ physician reviewer who is board certified in orthopedic surgery, which is the same specialty as the treating physician. The physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to ____ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This 47 year old male sustained a work-related injury on ____ when he tripped over a rolled up mat. The patient complained of back and bilateral leg pain. The patient received chiropractic care in the form of ice, heat, physiotherapy and manipulations. An MRI was performed on 12/21/01 and an EMG/nerve conduction study was performed on 01/17/02. The treating orthopedic surgeon has recommended that the patient undergo a lumbar discogram.

Requested Service(s)

Lumbar discogram

Decision

It is determined that a lumbar discogram is not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The patient underwent a lumbar MRI and an EMG/nerve conduction testing and neither indicated significant abnormality. Based on the documentation provided, a lumbar discogram is not medically necessary at this time. The appropriate treatment for this patient would be a comprehensive back rehabilitation program (including progressive increase in activity).

This decision by the IRO is deemed to be a TWCC decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) days of your receipt of this decision (20 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308 (t)(2)).

Sincerely,

cc: David Martinez, Chief Medical Dispute Resolution, Medical Review Division, TWCC